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PTO/SB/21 (12-97)
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TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i>	Application Number	09/598,060	
	Filing Date	June 20, 2000	
	First Named Inventor	Bernhard Kraus, et al.	
	Group Art Unit	2859	
	Examiner Name	Guadalupe, Yaritza	
Total Number of Pages in This Submission	10	Attorney Docket Number	1826-015 [056427-5012]

ENCLOSURES (check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fee Attached	<input type="checkbox"/> Assignment Papers (for an Application)	<input type="checkbox"/> After Allowance Communication to Group
<input checked="" type="checkbox"/> Amendment / Response <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Petition Routing Slip (PTO/SB/69) and Accompanying Petition	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> To Convert a Provisional Application	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input checked="" type="checkbox"/> Additional Enclosure(s) (please identify below):
<input type="checkbox"/> Response to Missing Parts/Incomplete Application	<input type="checkbox"/> Terminal Disclaimer	Clean & Marked Up Version of Claim, Correspondence and Fee Address Change, Check for \$920.00, and Return Receipt Postcard.
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Small Entity Statement	
	<input type="checkbox"/> Request for Refund	
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	James M. Bollinger, Esq., Registration No. 32,555 Morgan, Lewis & Bockius LLP, 101 Park Ave., New York, NY 10178-0060
Signature	
Date	January 17, 2003

CERTIFICATE OF MAILING			
I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Assistant Commissioner for Patents, Washington, D.C. 20231 on this date: January 17, 2003			
Typed or printed name	Rosann Macchio		
Signature		Date	January 17, 2003

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Approved for use through 10/31/2002. OMB 0651-0032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

FEE TRANSMITTAL for FY 2002

Patent fees are subject to annual revision.

TOTAL AMOUNT OF PAYMENT

(\$ 920.00

Complete if Known

Application Number	09/598.060
Filing Date	June 20, 2000
First Named Inventor	Bernhard Kraus, et al.
Examiner Name	Guadalupe, Yaritza
Group Art Unit	2859
Attorney Docket No.	1826-015 I056427-50121

METHOD OF PAYMENT

1. ☐ The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to:

Deposit Account Number: 08-2776
Deposit Account Name: Morgan, Lewis & Bockius, LLP

- ☒ Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17
☐ Applicant claims small entity status. See 37 CFR 1.27

2. ☒ Payment Enclosed:

☒ Check ☐ Credit card ☐ Money Order ☐ Other

FEE CALCULATION

1. BASIC FILING FEE

Large Entity	Small Entity	Fee Code (\$)	Fee Code (\$)	Fee Description	Fee Paid
101	201	740	370	Utility filing fee	
106	206	330	165	Design filing fee	
107	207	510	255	Plant filing fee	
108	208	740	370	Reissue filing fee	
114	214	160	80	Provisional filing fee	

SUBTOTAL (1) (\$)

2. EXTRA CLAIM FEES

Total Claims	Extra Claims	Fee from below	Fee Paid
-20** =	X		
-3** =	X		
Multiple Dependent			

Large Entity	Small Entity	Fee Code (\$)	Fee Code (\$)	Fee Description
103	203	18	9	Claims in excess of 20
102	202	84	42	Independent claims in excess of 3
104	204	280	140	Multiple dependent claim, if not paid
109	209	84	42	** Reissue independent claims over original patent
110	210	18	9	** Reissue claims in excess of 20 and over original patent

SUBTOTAL (2) (\$)

*or number previously paid, if greater; For Reissues, see above

FEE CALCULATION (continued)

3. ADDITIONAL FEES

Large Entity	Small Entity	Fee Code (\$)	Fee Code (\$)	Fee Description	Fee Paid
105	205	130	65	Surcharge - late filing fee or oath	
127	227	50	25	Surcharge - late provisional filing fee or cover sheet	
139	139	130	130	Non-English specification	
147	147	2,520	2,520	For filing a request for <i>ex parte</i> reexamination	
112	112	920*	920*	Requesting publication of SIR prior to Examiner action	
113	113	1,840*	1,840*	Requesting publication of SIR after Examiner action	
115	215	110	55	Extension for reply within first month	
116	216	400	200	Extension for reply within second month	
117	217	920	460	Extension for reply within third month	920.00
118	218	1,440	720	Extension for reply within fourth month	
128	228	1,960	980	Extension for reply within fifth month	
119	219	320	160	Notice of Appeal	
120	220	320	160	Filing a brief in support of an appeal	
121	221	280	140	Request for oral hearing	
138	138	1,510	1,510	Petition to institute a public use proceeding	
140	240	110	55	Petition to revive - unavoidable	
141	241	1,280	640	Petition to revive - unintentional	
142	242	1,280	640	Utility issue fee (or reissue)	
143	243	460	230	Design issue fee	
144	244	620	310	Plant issue fee	
122	122	130	130	Petitions to the Commissioner	
123	123	50	50	Processing fee under 37 CFR 1.17(q)	
126	126	180	180	Submission of Information Disclosure Stmt	
581	581	40	40	Recording each patent assignment per property (times number of properties)	
146	246	740	370	Filing a submission after final rejection (37 CFR § 1.129(a))	
149	249	740	370	For each additional invention to be examined (37 CFR § 1.129(b))	
179	279	740	370	Request for Continued Examination (RCE)	
169	169	900	900	Request for expedited examination of a design application	

Other fee (specify) _ Terminal Disclaimer. . .

*Reduced by Basic Filing Fee Paid SUBTOTAL (3) (\$ 920.00

SUBMITTED BY

Name (Print/Type)	James M. Bollinger, Esq.	Registration No. (Attorney/Agent)	32,555	Telephone	(212) 309-2102
Signature		Date	January 17, 2003		

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